

Sample Form (03-04)

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4	AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY
6.	AUTHODIZATION TO ACT IN A REPRESENTATIVE CALACITY
	AUTHORIZATION TO HELL

Thomas Mikalsen			
09/766,734			
January 22, 2001			
SYSTEM AND METHOD FOR GROUPING DIVERSE OPERATIONS			
YOR9-2000-0680US1 (8728-452)	t Unit: 2194		
urthermore, the practitioner is authoristication and the second result to 37 CFR 1.34;	t interviews and has the authority to bind the principal of to file correspondence in the above-identified  Registration Number		
Name			
au .	34,136 43,584 48,909		
	09/766,734  January 22, 2001  SYSTEM AND METHOD FOR GROUPIN  YOR9-2000-0680US1 (8728-452)		

This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.

	SIGNATURE of Pra	chiloner of Record	
Name .	Stephen C. Kaufman		
Signature	the c. Ke	Date	My 10,2005
Registration	29,551	Telephone	914-945-3197

This form offers a sample or suggested format for an authorization of a practitioner who is not of record. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, cell 1-800-PTO-9199 and select option 2.